

SHARED NEUTRALS  
An Alternative Dispute Resolution Exchange

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NEUTRAL PROFILE

Name \_\_\_\_\_ Rung \_\_\_\_\_ Date \_\_\_\_\_  
Agency \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_

☐ Willing to travel? Any limitations? Special requests?

Education:

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Occupation:

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Professional affiliations/Memberships:

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Professional Certifications/Licenses:

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Mediation training: (date, sponsor, hours)

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Mediation Experience:

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Please indicate interest/experience with the following types of cases:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> workplace  | <input type="checkbox"/> <input type="checkbox"/> environmental | <input type="checkbox"/> <input type="checkbox"/> multi party   | <input type="checkbox"/> <input type="checkbox"/> cross cultural |
| <input type="checkbox"/> <input type="checkbox"/> EEO        | <input type="checkbox"/> <input type="checkbox"/> PP/land use   | <input type="checkbox"/> <input type="checkbox"/> facilitation  | <input type="checkbox"/> <input type="checkbox"/> community      |
| <input type="checkbox"/> <input type="checkbox"/> grievance  | <input type="checkbox"/> <input type="checkbox"/> commercial    | <input type="checkbox"/> <input type="checkbox"/> trainer       | <input type="checkbox"/> <input type="checkbox"/> family         |
| <input type="checkbox"/> <input type="checkbox"/> harassment | <input type="checkbox"/> <input type="checkbox"/> consumer      | <input type="checkbox"/> <input type="checkbox"/> OD/ADR design |  |

Special interests related to the subcommittee or mediation:

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**CONTRACT**

**Between**

**Oregon Federal Executive Board Shared Neutrals Program**

**And**

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**WHO agrees to the following conditions as the basis for serving as a Shared Neutrals' mediator:**

I have read, understand and agree to comply with the mediator's Ethical Standards, and all policies and procedural requirements for Shared Neutrals' mediation sessions. (Shared Neutrals Handbook, most recent edition)

I understand that all records and communications received by Shared Neutrals or the mediator are strictly confidential (unless otherwise specified by law,) and that such information, whether written or oral, may not be divulged at any time to any unauthorized person. I will not willingly testify, unless required by law, regarding any information, communications, records, the participants, or the mediation process. However, I agree to disclose the following information if received while serving as a Shared Neutrals mediator: 1) abuse against a dependent person, 2) threats of future crimes, and 3) information which Shared Neutrals has agreed must be disclosed to the employer of my mediation clients in any specific case.

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Mediator

Date

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Shared Neutrals Chair

Date

Please sign and return this contract to:

Shared Neutrals Program Coordinator  
Oregon Federal Executive Board  
Federal Building - Room 1776  
1220 SW Third Avenue  
Portland, OR 97204-2823

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LETTER OF COMMITMENT

This letter signifies \_\_\_\_\_ (Agency's) commitment to participate in the Shared Neutrals Program, an Alternative Dispute Resolution Exchange sponsored by the Oregon Federal Executive Board.

**Date:** Effective \_\_\_\_\_

**Cases:** The Agency will **submit** the following types of cases for resolution:  
(Examples include personnel grievances and civil rights disputes; EEO issues between employees and supervisors, or between two or more employees; or more generally, all cases referred by agency liaison.)

\_\_\_\_\_

\_\_\_\_\_

The Agency will **exclude** the following types of cases from the Program:  
(Examples include claimed violations of collective bargaining agreements or other allegations of unfair labor practices; situations involving violence; illegal activities.)

\_\_\_\_\_

\_\_\_\_\_

**Agency Liaison:** The Agency's liaison to the Shared Neutrals Program will be:

\_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

Please attach a brief description of the Liaison's background, especially as it relates to alternative dispute resolution.

**Access to the Process:** Please identify whether:

- \_\_\_\_\_ ALL requests for services must go through the Agency Liaison; or
- \_\_\_\_\_ Specific personnel may make requests directly to the Program Coordinator. Please identify personnel: \_\_\_\_\_; or
- \_\_\_\_\_ Parties may upon occasion contact the Program Coordinator directly, although Liaison will make most requests.

**Documentation:** Please note any particular Agency forms to be used to document ADR processes, and who should receive copies:

**LETTER OF COMMITMENT**  
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**Non-retaliation Statement:** The Agency agrees not to retaliate against anyone who chooses to participate in, or not participate in, including withdrawing from, a mediation.

**Contributions:** There is no cost for the ADR services provided, with the exception of travel costs for the mediators when necessary. As a contributing member of the Program, however, the Agency is asked to provide cases for resolution and access to meeting rooms. Other needs may include neutrals (an application process is involved for all neutrals); administrative support; printing; and funds for training and program coordination, as needed.

Please specify how the Agency will contribute:

\_\_\_\_\_

**Outreach:** The goal is to make the Program as accessible as possible. The Agency plans to notify personnel of the Program by:

- \_\_\_\_\_ Publishing Program information in online or other newsletters.
- \_\_\_\_\_ Printing and posting Program flyers on bulletin boards.
- \_\_\_\_\_ Making Program brochures available throughout the Agency.
- \_\_\_\_\_ Inviting Program members to give presentations at staff meetings.
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Other Concerns:** \_\_\_\_\_

\_\_\_\_\_

**Program Contact Number:** (503) 230-3536 or email ofeb@pcez.com  
From outside the Portland area, dial 1 (800) 232-3173 Monday through Friday between 6:30 am and 5 pm, and then ask for extension 3536.

Submitted by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Agency Representative, Agency, address, phone number, email)

Date: \_\_\_\_\_

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**INTAKE FORM**

**Case #:** \_\_\_\_\_ **Intake Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Case Name:** \_\_\_\_\_

**Letters Sent Date:** \_\_\_\_\_ **Intake staff:** \_\_\_\_\_

**Referral: Name/Agency/#:** \_\_\_\_\_

**Mediators: Primary:** \_\_\_\_\_ **Co:** \_\_\_\_\_

**EEO case?** \_\_\_\_\_ **Session Dates:** \_\_\_\_\_

**Brief Description of Issues:**

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**Party 1 (P1) Information:**

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to P2:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Representation:** \_\_\_\_\_  
yes no attorney

**Representative:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Party 2 (P2) Information:**

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to P1:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Representation:** \_\_\_\_\_  
yes no attorney

**Representative:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Others involved with Parties?** \_\_\_\_\_ (Please fill out another sheet)

**Requested remedy (describe):**

**Disposition: (enter date in brackets)**

Information provided [ ]	Problem solving [ ]	First party withdraws [ ]
Referred out [ ]	Second party declines [ ]	Shared neutrals declines [ ]

**Results: (circle all that apply)**      settled      not settled      successful

**Date of closure:** \_\_\_\_\_

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### INTAKE CHECKLIST

*Purpose of intake is not to hear about the details, but to gather and provide basic information so the parties can make an informed choice about whether the Shared Neutrals program might assist them.*

**The following checklist includes the information intake needs to cover.**

**Purpose of intake is to provide information *to* and get information *from* parties in order to:**

- ◇ **confirm that a referral is appropriate for mediation;**
- ◇ **ensure that all potential participants understand our services;**
- ◇ **assign a mediator who is appropriate to the referral.**

**Details of the case should be left to the Primary Mediator in the Case Development Process.**

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### **Intake Contacts:**

**If Liaison has contacted Shared Neutrals, ASK:**

- ǒ Is the referral appropriate for Shared Neutrals?
- ǒ Are there any specific agency requirements?
- ǒ Are the parties expecting a call from us?

**If the Party has contacted SN, ASK:**

- ǒ Employee of participating agency?
- ǒ Discussed with **agency liaison** (if applicable)?
- ǒ Received program materials?
- ǒ Have copy of **Consent to Mediate**? - must be signed by all parties
- ǒ What might mediation do for you?
- ǒ Coercion?
- ǒ Confidentiality?
- ǒ We do not make decisions.
- ǒ May/may not achieve resolution.
- ǒ Okay with 2 mediators?
- ǒ Do you think mediation might work for you?
- ǒ Any concerns/needs you have about the mediators (race, gender, styles)?
- ǒ Mediators will be unknown to you/other party (from separate agency).
- ǒ Any information you need to decide whether mediation might work for you?
- ǒ Special needs (interpreter, wheelchair access, etc.)?
- ǒ How soon do you want to begin?
- ǒ When are good times, generally, for you?
- ǒ Explain mediation sessions -- length of time, number of times, general format.
- ǒ Are you planning any vacations/other *general* scheduling needs?
- ǒ Okay for me to contact other party?
- ǒ Assuming that all parties are willing, next call will likely be from the mediator assigned to this mediation, who will ask you specifics about your situation. Okay?

[illegible]

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Date

Name

Address

City, State Zip

Dear Name:

Thank you for your interest in the Shared Neutrals' mediation program. This letter outlines how the Shared Neutrals Program might help you to resolve your situation in a helpful manner. A mediator will contact you within a few days to answer any questions, and, if appropriate, to set up a mediation.

I am enclosing a copy of a "Consent to Mediate" form, which you and the other participant(s) will need to sign before the mediation can proceed. I am also enclosing a brochure describing the Shared Neutrals program.

Before your session, please:

- Review the Consent to Mediate.
- Think about the issues that you would like to address within the mediation.
- Consider options for settling the conflict and how YOU can help resolve it.
- Collect any documents that you would like to show to the other person(s).

Remember that participation in mediation is voluntary. The mediators will ask that you come to the mediation session must be willing to negotiate, be open, and listen to the other person(s). There will be two Shared Neutrals mediators there to help guide you through the process. They will not make decisions for you or take sides. Their job is to help you and the other person(s) make your own solutions.

It is important that you learn about your rights, since it is not the mediators' role to provide this information. Please collect all the information and the facts you need before the meeting.



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While each mediation is different, here is a brief outline of a typical mediation process:

- 1) Mediator Opening: Mediators explain the process, rules, and roles of participants.
- 2) Your Statement: You will have an uninterrupted chance to explain the situation from your point of view.
- 3) Agenda: You will develop a list of the issues to be resolved.
- 4) Discussions: You will work with the other side to develop solutions to each issue on your list.
- 5) Caucus: The mediators may hold a private, confidential meeting with you during the mediation.
- 6) Agreement: Once you have reached agreement with the other person(s), a written agreement can be signed.

Mediation is your process. You make the decisions about how you want to resolve your situation.

Mediation sessions are often 4-6 hours long. Additional sessions may be arranged as needed. Please call me at (503) 230-3536 if you have further questions. The toll-free phone number is available Monday through Friday from 6:30 AM to 5:00 PM by calling 1-800-282-3713 and asking for extension 3536.

Sincerely,

Shared Neutrals Program Coordinator  
Federal Building, Room 1776  
1220 SW Third Avenue  
Portland, OR 97204

Enclosures:

Consent to Mediate form  
Shared Neutrals brochure

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**CONSENT TO MEDIATE**

Case # \_\_\_\_\_

This is an agreement between \_\_\_\_\_,  
\_\_\_\_\_ (the parties), and  
\_\_\_\_\_, \_\_\_\_\_, (the mediators), to  
enter into mediation.

1. The mediators are neutral facilitators who will help the parties develop their own solutions.
2. Everyone is committed to this process.
3. Everyone understands mediation is not a substitute for independent legal advice. The mediators are not acting as attorneys and will not give legal advice.
4. Everyone agrees the mediation is confidential, unless otherwise agreed to by the parties and the mediators as indicated below. The mediators will not be witnesses, nor will their documents be subpoenaed. However, the mediators are bound to report information relating to dependent abuse and/or commission of future crimes. Agreed-upon exceptions to confidentiality are:
5. Information originating during the mediation will be used only for the purposes of the mediation, except as required by law.
6. The parties agree to make a good-faith effort to work together with the aid of the mediators and to make full disclosure of all relevant information.
7. While all of us intend to continue with mediation until an agreement is reached, anyone may withdraw from mediation at any time. If a party decides to withdraw from mediation, s/he will make best efforts to discuss this decision with the other party and the mediators.
8. The mediators will stop the mediation if they feel an impasse has been reached, if they cannot maintain their neutrality, or if, for any other reason, they cannot perform their role in an ethical and effective manner. The mediators will also make best efforts to discuss this decision with the parties.

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**CONSENT TO MEDIATE**

Case # \_\_\_\_\_

9. The parties waive any right of action they may have against the mediators for any allegation of wrongful conduct on their part while acting in the course of mediation.

\_\_\_\_\_  
Party (Signature and Date)

\_\_\_\_\_  
Party (Signature and Date)

\_\_\_\_\_  
Mediator (Signature and Date)

\_\_\_\_\_  
Mediator (Signature and Date)

Additional lines for other participants  
Please state role (i.e.: party, observer, representative, etc.)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)

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**MEDIATED AGREEMENT**

between

\_\_\_\_\_  
\_\_\_\_\_

Having participated in mediation session(s) on \_\_\_\_\_,  
and being satisfied that we have reached a fair and reasonable agreement, we  
hereby agree as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Mediator)* *(Mediator)*

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**EVALUATION**

Case # \_\_\_\_\_

Your satisfaction is our primary concern. Your honest feedback of the process you participated in is very important. Please answer the questions by circling responses that most accurately represent your view. Please comment where you feel it is appropriate.

*All responses are confidential.*

1. How would you rate the quality of the mediation services?

5	4	3	2	1
Excellent	Good	Average	Fair	Poor

2. Did the services meet your needs?

5	4	3	2	1
Almost All	Most	Some	Few	None

3. Did you feel the services or processes were fair and impartial?

5	4	3	2	1
Yes	Mostly	Average	Somewhat	No

4. Do you feel your situation will improve as a result of using mediation?

5	4	3	2	1
Yes	Somewhat	Undecided	Not Much	No

5. Please rate listening and communication skills of the Shared Neutrals mediators:

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

6. Would you rate this mediation as successful? Why?

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7. Would you recommend this service to your co-workers? Why?

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8. Do you have any suggestions for how to make this service more useful or responsive?

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Please complete and return this evaluation to: OFEB Shared Neutrals Program  
Federal Building - Room 1776  
1220 SW Third Avenue  
Portland, OR 97204-2823

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## CONFIDENTIAL DEBRIEFING CRITIQUE

To be completed *independently* by each mediator

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Mediator Evaluated: \_\_\_\_\_

Number of mediations *evaluator* has performed: \_\_\_\_\_

**Please rate your fellow mediator on the following criteria (Key: 1 = poor 5 = excellent):**

	1	2	3	4	5	NA	COMMENTS
Procedures/Logistics - opening statement, forms, clear explanations and answers							
Active Listening: validation/clarification/paraphrasing/summarizing							
Grasp of issues and interests							
Rapport with parties							
Balanced interaction with <i>parties</i>							
Balanced interaction with <i>other mediator</i>							
Process applied appropriately (intervention, control, etc.)							
Maintained neutrality							
Respected confidentiality							
Presentation - credible, professional, confident							

Best: \_\_\_\_\_

\_\_\_\_\_

Bloopers: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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## PRIMARY MEDIATOR CHECKLIST

Case Number \_\_\_\_\_ Primary Mediator \_\_\_\_\_

Mediation Date(s) \_\_\_\_\_ Co-Mediator \_\_\_\_\_

Date received case assignment \_\_\_\_\_

Date received case/client contact Information \_\_\_\_\_

Date of first contact with: Party 1 \_\_\_\_\_

Party 2 \_\_\_\_\_

Party 3 \_\_\_\_\_

Please return the following completed forms to: Shared Neutrals Program Coordinator  
Federal Building, Room 1776  
1220 SW Third Avenue  
Portland, OR 97204

- ☐ Primary Mediator Checklist
- ☐ Consent to Mediate Form
- ☐ Debriefing Critique Form
- ☐ Client Evaluation forms (if mediators collect them)

### Please answer the following questions:

Type of Case/Conflict: (Please check all that apply)

- ☐ Employee/Employee ☐ Employee/Supervisor ☐ Interpersonal ☐ Crosscultural
- ☐ Unlawful Harassment ☐ Union Grievance ☐ EEO ☐ Other

\_\_\_\_\_

Outcome: ☐ Successful ☐ Mixed ☐ Unsuccessful

(Please briefly describe mediation outcome, such as the degree of resolution reached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Mediation Hours: \_\_\_\_\_ Primary \_\_\_\_\_

Co-mediator \_\_\_\_\_

(Please include case development, scheduling, mediation, debriefing AND co-mediator hours in total mediation hours)

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## PRIMARY MEDIATOR CHECKLIST

Travel Time \_\_\_\_\_ Travel Expenses \_\_\_\_\_

(Please include travel time and expenses of co-mediator)

### General Procedures:

- ☐ **Contact all involved parties within 48 hours of receiving case assignment**
  - Schedule date of mediation (preferably within 2 weeks of case assignment)
  - Review mediation process
  - Complete case development
- ☐ **Enlist the assistance of a co-mediator**
  - Devise strategy for co-mediating case
- ☐ **Inform Program Coordinator of co-mediator selected and date of mediation**
  - Inform Program Coordinator of any changes

### At the mediation session:

- ☐ **Write case number on all forms before distributing or completing**
- ☐ **Everyone present signs Consent to Mediate form before mediating**
- ☐ **Each participant receives copy of Mediated Agreement form (if completed)**
  - Mediators do NOT retain a copy of the agreement
- ☐ **Distribute evaluation form and envelope to each participant**
  - Collect completed forms OR encourage participants to mail back
- ☐ **Provide co-mediator with debriefing critique form and envelope (if necessary)**
  - Mediators complete this form independently
- ☐ **Complete and return debriefing critique form**
  - Obtain stamped, pre-addressed envelopes from the Program Coordinator
- ☐ **Return all forms to:**
  - Shared Neutrals Program Coordinator
  - Federal Building, Room 1776
  - 1220 SW Third Avenue
  - Portland, OR 97204
- ☐ **Send travel documentation to Agency Liaison or designated official for agency**